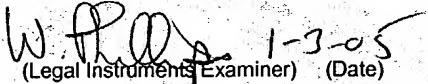


Issue Classification 	Application No.	Applicant(s)
	10/712,713	CHOI, GIL H.
	Examiner	Art Unit
	Jennifer E. Graser	1645

ISSUE CLASSIFICATION					
ORIGINAL		CROSS REFERENCE(S)			
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)		
435	6	536	23.7 24.2 24.32		
INTERNATIONAL CLASSIFICATION		4354	69.1 69.3 71.1 243 252.3 320.1		
C	1	2	Q 1/68		
			/		
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<hr/> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <p>(Assistant Examiner) (Date)</p> <p> 1-3-05</p> <p>(Legal Instruments Examiner) (Date)</p> </div> <div style="flex: 1; text-align: center;"> <p>JENNIFER E. GRASER PRIMARY EXAMINER</p> <p>Jennifer Graser 12/7/04 <i>Jennifer Graser</i> 12/7/04</p> <p>(Primary Examiner) (Date)</p> </div> <div style="flex: 1; text-align: right;"> <p>Total Claims Allowed: 10</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;"> <input type="checkbox"/> O.G. Print Claim(s) 1 </td> <td style="width: 50%; text-align: center; padding: 5px;"> <input type="checkbox"/> O.G. Print Fig. none </td> </tr> </table> </div> </div>				<input type="checkbox"/> O.G. Print Claim(s) 1	<input type="checkbox"/> O.G. Print Fig. none
<input type="checkbox"/> O.G. Print Claim(s) 1	<input type="checkbox"/> O.G. Print Fig. none				

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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